

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021038

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5663

STATE FILE NUMBER

FILED JUN 15 1962

1. PLACE OF DEATH
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. LouisLength of stay in 1b
8 mos.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 1438 E. Grand Ave.Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis

c. CITY OR TOWN University City

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
7024a TulaneReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First MANUEL

Middle

Last STEIN

4. DATE OF DEATH

Month

Day

Year

6 - 6 - 62

5. SEX
Male6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
2/28/789. AGE (last birthday)
84IF UNDER 1 YEAR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired Cabinet Maker10b. KIND OF BUSINESS OR INDUSTRY
Wood Working11. BIRTHPLACE (City and state or country)
Russia12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Sholom Stein

13b. MOTHER'S MAIDEN NAME

Sarah Unknown

14. NAME OF HUSBAND OR WIFE

Beckie

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Sidney Stein 7024a Tulane

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary insufficiency

INTERVAL BETWEEN ONSET AND DEATH
Few minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Pulmonary emphysema, bronchial asthma and bronchiectasis

Several years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Old cerebrovascular accident, Right Hemisphere

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6-21-61 to 6-6-62 and last saw him alive on 6-5-62

Death occurred at 8:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Robert S. Mandelbaum, M.D.

22b. ADDRESS

4652 Maryland

22c. DATE SIGNED

6/6/62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE

6/7/62

23c. NAME OF CEMETERY OR CREMATORY

Chevra Kadisha

23d. LOCATION (City, town, or county)

University City, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Berger Memorial 4715 McPherson Avenue.

25. DATE RECD. BY LOCAL REG.

JUN 6 1962

26. REGISTRAR'S SIGNATURE

Kearl Smith, M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James J. Gindary

Licensed Embalmer No. 4229

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.